



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8543

<b>SERIAL NUMBER</b> 09/751,609	<b>FILING DATE</b> 12/28/2000 <b>RULE</b>	<b>CLASS</b> 248	<b>GROUP ART UNIT</b> 3632	<b>ATTORNEY DOCKET NO.</b> D-6904
<b>APPLICANTS</b> Marc Traylor, Los Alamos, CA;				
<b>** CONTINUING DATA *****</b> <i>none</i> (initials)				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> (initials)				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/12/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 6
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> Daniel C. McKown 355 Fairview Avenue Morro Bay, CA 93442				
<b>TITLE</b> Resilient magnetic paintbrush holder				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>APPLICANTS</b> Marc Traylor, Los Alamos, CA;				
<b>** CONTINUING DATA *****</b> <i>None</i> 7/9/02				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i> 7/9/02				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/12/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 6
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		Initials <i>[Initials]</i>	<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 26375				
<b>TITLE</b> Resilient magnetic paintbrush holder				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	